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February 22nd, 2006

FedEx: 8558 8583 6388

Document Processing Desk – 6(a)(2)
Office of Pesticide Programs
Crystal Mall #2, Room 266A
1801 South Bell Street
Arlington, VA 22202-4501

RE: Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident

Gentlemen / Ladies

In accordance with FIFRA 6(a)(2) and 40 CFR Part 159.184, we are hereby submitting a Voluntary 6(a)(2) Incident Report for an adverse incident reported to us on February 10th, 2006.

Enclosed please find the following item:

1. Voluntary Industry Reporting Form 6(a)(2) Adverse Effects Incident
Information (Internal ID: 1-13565072)

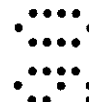
If you should have any questions regarding this matter, please do not hesitate to contact me.

Sincerely,
HACCO, Inc.

Judith A. Thompson
Registration Manager




Enclosure

Cc: Jenny Seifert

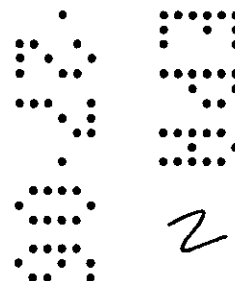


Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

Row 1	Reporter name: 	Submission date:	Contact person (if different than reporter)	Internal ID 1-13565072
Administrative Data	Address: Cheyenne Wyoming		Address:	
	Phone #: 		Phone #:	
	Incident Status: New	Location and date of incident Cheyenne Wyoming 1/26/2006	Date registrant became aware of incident: 1/26/2006	Was incident part of larger study? No
Row 2	EPA Registration # (Product 1) 61282-50	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
Pesticide(s) Involved	A.I. (s) Zinc Phosphide	A.I. (s)	A.I. (s)	
	Product 1 Name Prozap Mole & Gopher Pelleted Bait	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? No	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
	Row 3	Evidence label directions were not followed? Yes Intentional misuse? Yes	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)) Own Residence	Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating) See Description Notes
Incident Circumstances	Applicator certified PCO? Not applicable			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description			

Personal privacy information



*1/26/2006 6:25:59 PM EPA Reg. 612250
Mole and Gopher, contains zinc phosphide.*

Call transferred to me by BMAYER. Caller indicates she believes a male she knows has intentionally ingested product within the last 2 hours. Amount ingested is unknown. Patient has been throwing up, including blood. Most recent emesis was 10 to 15 minutes ago. Caller indicates that an ER is available just down the street.

A: Because of the intentionality of the ingestion and the nature of this product, the patient needs to be seen in an ER immediately. Take the product with you. Follow label directions and do not attempt to induce vomiting, provide fluid, etc. If the treating staff is not familiar with the product, please have them call here or local poison control for assistance. We have physicians available that can provide information with regards to the product. Provided case and CB number.

1/27/2006 8:39:37 AM reviewed

1/27/2006 10:46:20 AM Spoke with [REDACTED] she states her cousin is in ICU and is stable at this point. She didn't have many details on current status but said it was OK to continue to follow with her.

1/30/2006 10:45:13 AM PROSAR CB #2

*Spoke with [REDACTED]
She reports that her cousin has been DC'd from ICU, still hospitalized for psychiatric concerns.
Medically stable.
Close case*

Personal privacy information

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Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: <i>Unknown</i> Sex: <i>Male</i> Occupation: (if relevant)	Exposure route: <i>Ingestion</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>Yes</i>	Was protective clothing worn (specify)? <i>Not applicable</i>
If female, pregnant? <i>DNQ</i>	Was exposure occupational? <i>No</i> If yes, days lost due to illness:	Time between exposure and onset of symptoms: <i>See Symptoms</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>HCF</i>	List signs/symptoms/adverse effects. <i>Hematemesis - 3 hrs or less , Vomiting - 3 hrs or less</i>		If lab tests were performed, list test names and results (If available, submit reports). <i>None Reported</i>
Exposure data: Amount of pesticide: Exposure duration: Weight: <i>UNK</i>			
Human severity category: <i>HC</i>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1-13565072

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